

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.039	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	keri fitzpatrick	TELEPHONE	DATE
			(781)706-7003	11/23/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.23	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	99	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.008	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/14/2017	
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01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.06	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.018	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.072	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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MAR053458	001-N1
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MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.4	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.27	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.083	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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WORCESTER, MA 01607

MAR053458	001-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	NTU		Annual	Grab
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	NTU		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.22	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.5	MPN/100m L		Annual	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/18/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
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TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling error. Samples were not submitted for all required parameters.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07713	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/26/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.65	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2695	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	49	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	173.8	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1059	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01947	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.69	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.3842	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	53	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.47	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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			(781)706-7003		03/30/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.08438	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	03/30/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.00494	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE	
			(781)706-7003		07/19/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.3	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.68	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1182	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		07/19/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE	
			(781)706-7003		07/19/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.09445	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE	
			(781)706-7003		07/19/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC**ADDRESS:** 89 Celia Street
Johnston, RI 02919-9726**FACILITY:** SCHNITZER NORTHEAST**LOCATION:** 20 NIPPANAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	09/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	NTU		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.142	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.00147	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1600	MPN/100m L		Annual	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.00147	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.69	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.09051	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	307	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2018
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1448	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE
			(781)706-7003		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0573	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	12/12/2018
TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.38	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.8642	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	55	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	12/12/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43.82	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	12/12/2018
TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2984	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	12/12/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03234	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	03/14/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.59	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5602	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	89	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	03/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.45	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	03/14/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2086	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	03/14/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.00899	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	07/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.99	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1283	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	130	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		07/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE
			(781)706-7003		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07017	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	07/15/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC**ADDRESS:** 89 Celia Street
Johnston, RI 02919-9726**FACILITY:** SCHNITZER NORTHEAST**LOCATION:** 20 NIPPANAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	09/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	NTU		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0025	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/15/2019	
				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0025	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.55	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02855	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l
External OutfallNo ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03796	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01582	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
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TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.19	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.3676	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	110	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	12/23/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.99	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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			(781)706-7003		12/23/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1095	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	12/23/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03756	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	04/08/2020
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.9	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.6733	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		04/08/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.89	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2281	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.51	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.337	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	58	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	07/07/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	07/07/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.15	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	07/07/2020
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	09/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	NTU		Annual	Grab
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	NTU		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.4	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.179	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.022	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41964	MPN/100m L		Annual	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.022	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2020
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.04	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.497	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003		10/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2020
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.184	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/15/2020
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	01/18/2021
TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.05	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.164	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	52	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	01/18/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	01/18/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.068	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	01/18/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.011	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.069 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	04/06/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.77	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	04/06/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-UD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<= 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12.3 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	04/06/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.073	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	04/06/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.2	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	69 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)706-7003	10/23/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANAPP TRAIL
WORCESTER, MA 01607

MAR053458	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	321.4	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.16	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	46	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/23/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	001-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	100.3	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	107 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL
WORCESTER, MA 01607

MAR053458	002-LD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

External Outfall

No ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	69 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE	
			(781)706-7003		10/23/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There is no discharge from Outfall #2 because the conveyance line from Outfall #2 has been re-established so all stormwater flows through Outfall #1

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	002-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities
External OutfallNo ☐
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)706-7003	10/23/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There is no discharge from Outfall #2 because the conveyance line from Outfall #2 has been re-established so all stormwater flows through Outfall #1

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street
Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPANP TRAIL
WORCESTER, MA 01607

MAR053458	002-ZD
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	107 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE	
			(781)706-7003		10/23/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There is no discharge from Outfall #2 because the conveyance line from Outfall #2 has been re-established so all stormwater flows through Outfall #1